

## RHODE ISLAND STATE POLICE



## PUBLIC RECORDS REQUEST FORM

Date:		Request Number:	
Barracks/Bureau/Unit:			
Name (optional):			
Address (optional):			
City/Town, State, Zip (or	otional):		
Telephone Number (optional):		Home	Work
Requested Records:			
	Pick up the records	of your request, please advise w Records to be sent reg Number: ()	gular mail
	For Offi	ice Use Only	
Request Taken By:		Request Number:	
Date:	Time:	Records Available on:	
Records Provided:	Yes	No	_ In Part
Date response provided in	f any exemptions are claimed	l:	_
Costs for Records:	Copies = \$	Search & Retrieval = \$	